



VOLUNTEER APPLICATION

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Work: _____

E-Mail Address: _____

Activity/Program you are interested in volunteering for: _____

Age or Grade of participants you are interested in volunteering with:

____ Pre-School ____ Youth (K-5) ____ Teens (Grades 6-12) ____ Senior Citizens

Please indicate any experiences or education related to the area you are interested in:

Please answer the following questions:

1. Do you have any specialized training/certifications in the area you are interested in helping with? If so, please indicate below: YES NO

2. Do you have any training/certification in first aid? YES NO

3. Do you have any training/certification in CPR? YES NO

Please provide us with two personal references:

Name

Address

Phone#

Signature _____ Date _____